

Residential Building Permit Application

Revised 6/26/01



Contact Person:		
Applicant Name:		
Applicant Address:		
Applicant Phone:		Applicant Fax:
Applicant Email Address:		
Are you: <input type="checkbox"/> Owner, Name: _____ <input type="checkbox"/> Contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Developer <input type="checkbox"/> Other: _____		Parcel/Lot is owned by: <input type="checkbox"/> Contractor <input type="checkbox"/> Developer <input type="checkbox"/> Other: _____
Contractor/Builder Name:		Contractors License # License Expiration Date:
Phone:		Certified Erosion Control Person:

Application Type:			
<input type="checkbox"/> New Single Family Residential	<input type="checkbox"/> Same-as Plan # _____	<input type="checkbox"/> One Story	Type of heat:
<input type="checkbox"/> Mobile Home Placement		<input type="checkbox"/> Two Story	<input type="checkbox"/> Electric
<input type="checkbox"/> Residential Addition		<input type="checkbox"/> Basement - Fin	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Accessory Building (i.e., garage, shop, barn, outbuilding)		<input type="checkbox"/> Basement - Unfin	<input type="checkbox"/> Other: _____
<input type="checkbox"/> House Move		<input type="checkbox"/> Attached garage	
<input type="checkbox"/> Interior Only		Existing number of bedrooms: _____	Proposed number of bedrooms: _____
<input type="checkbox"/> Other: _____			

Do you need other permits? <input type="checkbox"/> Mechanical (furnace, gas piping, woodstove, heat pump) <input type="checkbox"/> Plumbing (water service, moving fixtures, lawn sprinklers) <input type="checkbox"/> Accessory Dwelling	Existing Square Footage: _____ Proposed New Square Footage: _____ Finished: _____ Unfinished: _____ Basement Finished: _____ Basement Unfinished: _____ Garage: _____
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Project Valuation:	
Project description:	

Utilities:	
<input type="checkbox"/> Septic System	<input type="checkbox"/> Private Well
<input type="checkbox"/> Sewer, District: _____	<input type="checkbox"/> Community Well
	<input type="checkbox"/> Public Water, District: _____

Property Location:	
Address:	
Subdivision Name (if applicable):	Lot Number or Parcel Number:

Staff to complete.		
Environmental Constraints:	<input type="checkbox"/> CARA	<input type="checkbox"/> Wildlife Interface Area
<input type="checkbox"/> Archaeological	<input type="checkbox"/> Floodplain	<input type="checkbox"/> SEPA
<input type="checkbox"/> Geologic Hazard	<input type="checkbox"/> Shoreline	<input type="checkbox"/> Columbia Gorge Scenic Area
<input type="checkbox"/> Habitat	<input type="checkbox"/> Wetlands/Hydric Soils	<input type="checkbox"/> Forest Practice
Applicant Initials:	Staff Initials:	Current Zoning:

Applicant/Authorized Signature

Date